

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1632
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CELLS EXPRESSING ANTI-FC RECEPTOR BINDING COMPONENTS
Attorney Docket Number::	MXI-099CN
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	19
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tibor
Family Name::	Keler
City of Residence::	Ottsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	30 Park Road
City of mailing address::	Ottsville
State or Province of mailing address::	PA
Postal or Zip Code of mailing address::	18942

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joel  
Family Name:: Goldstein  
City of Residence:: Edison  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 3804 Hana Road  
City of mailing address:: Edison  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08817

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Family Name:: Graziano  
City of Residence:: Frenchtown  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 26 Kingsridge Road  
City of mailing address:: Frenchtown  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08825

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yashwant  
Middle Name:: M.

Family Name:: Deo  
City of Residence:: East Brunswick  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 35 Cortland Drive  
City of mailing address:: East Brunswick  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08816

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/203958	12/02/98
09/203958	An application claiming the benefit under 35 USC 119(e)	60/067232	12/02/97